TRANSPORTATION DOCUMENT NUMBER	LODGING DOCUMENT NUMBER			

STATE OF NEBRASKA
EXPENSE REIMBURSEMENT REQUEST

BATCH NUMBER	DOCUMENT NUMBER

DATE	NAME OF PLACE AND NATURE OF SERVICE	TRAVEL TIMES		MEALS	LODGING	TRANSPORTATION			MISCELLANEOUS		
2016 month/day	Enter start and stop points for each trip State purpose of each trip	STARTED	STOPPED	Actual Amounts only	DB1, DB2, etc., if direct billed	RATE	MILES TRAVELED	AMOUNT	DESCRIPTION	AMOUNT	TOTAL
				B	DB	0.540		-			-
				L		0.540		-			
				D		0.540		-			-
				B	DB2	0.540		-			-
				L		0.540		-			
				D		0.540		-			
				B	DB3	0.540		-			
				L		0.540		-			
				D		0.540		-			
				B	DB4	0.540		-			
				L		0.540		-			
				D		0.540		-			
				B	DB5	0.540		-			
				L		0.540		-			
				D		0.540		-			
				B	DB6	0.540		-			
				L		0.540		-			
				D		0.540		-			
				B	DB7	0.540		-			
				L		0.540		-			
				D		0.540		-			
				B	DB8	0.540		-			
				L		0.540		-			
				D		0.540		-			
				B	DB9	0.540		-			
				L		0.540		-			
				D		0.540		-			
			TOTALS	-	-		-	-		-	-

	Business Unit	Object Code	Amount
DB: 2			
DB: 3			
DB: 4			
DB: 5			

NAME and TITLE	ADDRESS BOOK NUMBER	HEADQUARTER CITY	SUPERVISOR or APPROVER SIGNATURE	DATE
ADDRESS	CITY	STATE	ZIP CODE	

I claim reimbursement for the above expenses incurred by me in the line of duty and in accordance with Nebraska State Statutes. I declare that this is a true account of such expenses for which payment has not previously been made by the State of Nebraska or another source.

I certify that reimbursement for use of privately owned vehicles is authorized according to the provisions of NE State Statutes sections 81-1014 & 81-1176.

EMPLOYEE SIGNATURE	DATE	AUTHORIZED SIGNATURE	Veh. Lic.#	DATE